

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09882290

FILING DATE

06-14-01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		2				
5		2				
6		1				
7		2				
8		2				
9		2				
10		2				
11		1				
12		1				
13		1				
14		2				
15		1				
16		1				
17	1	1				
18		1				
19		1				
20		2				
21		2				
22		2				
23		2				
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26		2				
27		2				
28		1				
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50						
TOTAL IND.	2	↓		↓		↓
TOTAL DEP.	44	↓		↓		↓
TOTAL CLAIMS	46					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS

Best Available Copy